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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/577,059 05/22/2000
which is a DIV of 08/727,634 11/04/1996 PAT 6,068,859
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which is a CIP of 08/239,094 05/06/1994 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/20/2001

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 1	TOTAL CLAIMS 137	INDEPENDENT CLAIMS 9
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ADDRESS

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TITLE

CONTROLLED- RELEASE DOSAGE FORMS OF AZITHROMYCIN

FILING FEE RECEIVED 3728	FEES: Authority has been given in Paper. No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input checked="" type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees (Filing) <input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input checked="" type="checkbox"/> 1.18 Fees (Issue) <input checked="" type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Credit
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